

| CLAIMS ONLY | | | | Application Number 10624737 | | Filing Date | |
|---|----------|--------|-----------------------|---------------------------------------|------------------------|-------------|--|
| | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | |
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| Total Depend | | | | | | | |
| Total Claims | | | | | | | |

Applicant(s)

Filing Date

Application Number
10624737

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep | | | 3 | | | |
| Total Depend | | | 14 | | | |
| Total Claims | | | 17 | | | |

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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